

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 09-30-03.

The IRO reviewed work hardening rendered from 07-02-03 through 07-23-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for work hardening. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-17-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
07/07/03	97546WH (6 units)	\$384.00	0.00	F	\$64.00 per unit	MFG MGR (II)(C)&(E)	Soap notes support delivery of service. Recommended Reimbursement \$384.00
	99361	\$53.00	0.00	G	\$53.00	MFG E/M GR (XVIII)(B) and MFG E/M GR (XVIII)(A)	Per Rule MFG E/M GR (XVIII)(A) Billing for these services is not allowed when a patient encounter occurs on the same date of service therefore this procedure can be considered global. Reimbursement is not recommended
TOTAL		\$437.00					The requestor is entitled to reimbursement of \$384.00

## **ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 07-07-03 in this dispute.

This Decision is hereby issued this 1<sup>st</sup> day of April 2004.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** November 14, 2003

**RE: MDR Tracking #:** M5-04-0309-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### **Clinical History**

According to the supplied documentation, it appears that the claimant injured his right elbow when he fell at work on \_\_\_. The claimant's right radial head was fractured and was medically treated. The claimant reported that he continued to have pain and weakness and reported to \_\_\_. On 03/26/2003, the claimant had a MRI, which revealed effusion in the right elbow joint capsule with no tears or tendinitis. A nerve conduction velocity/electromyogram test was performed on 05/21/2003 with no abnormal findings. A functional capacity exam on 04/01/2003 and on 06/11/2003 revealed decreased force strength in the claimant's right hand. The claimant underwent work hardening from 07/02/2003 – 07/23/2003.

#### **Requested Service(s)**

Please review and address the medical necessity of the outpatient services including work hardening/conditioning rendered between 07/02/2003 through 07/23/2003.

**Decision**

I agree with the insurance company that the work hardening rendered between 07/02/2003 through 07/23/2003 was not medically necessary.

**Rationale/Basis for Decision**

The claimant was treated medically for the fracture, which would be appropriate for this type of injury. Without further complications, a brief period of therapy would be indicated for the compensable injury. The MRI performed on 03/26/2003 revealed no tears or tendinitis in the joint. Moderate joint effusion was found, which would be a typical finding following the mechanism of injury. The electromyogram/nerve conduction velocity tests found no abnormalities. The functional capacity exam reports that were done on 06/11/2003 revealed moderate weakness in the claimant's right hand are not consistent with the prior diagnostic testing. The only objective rationale that the claimant had slightly less strength could be related to a lack of use following the injury. No radicular findings were found. No tears were found anywhere in the soft tissue from the MRI obtained, and no other objective documentation supported any diagnosis that would warrant a work hardening program. The documentation supplied did not support that the claimant should have been removed from the work force to undergo 8 hours of therapy for a minimal amount of weakness that could have been resolved by initiating a home exercise program and continuing to work at the same time. Removing the claimant from work and treating the claimant unnecessarily would only contribute to possible doctor dependence and further inhibit the claimant returning to his pre-injury status.